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60019620-0003

JUL 10 2002 PART B - FEE(S) TRANSMITTAL

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<i>David E. Crawford, Jr.</i>		(Depositor's name)
<i>[Signature]</i>		(Signature)
July 10, 2002		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
07/542,232 ✓	06/21/1990	THOMAS F. DEUEL	07-24(688)A	1694

TITLE OF INVENTION: DNA ENCODING HEPARIN-BINDING GROWTH FACTOR

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
2	nonprovisional	No Yes	\$1288 640	\$0	\$1288 640	07/23/2002
EXAMINER		ART UNIT	CLASS-SUBCLASS			
EYLER, YVONNE L		1646	330-399000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Sonnenschein Nath & Rosenthal

2 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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Barnes-Jewish Hospital

216 S. Kingshighway
 P.O. Box 14109
 St. Louis, Missouri 63178

Please check the appropriate assignee category or categories (will not be printed on the patent) individual corporation or other private group entity government

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